



Issue Brief

# Overview of Findings



Ohio Recovery Housing



**C4**  
Innovations

Community & Behavioral Health | Recovery | Social Change

# Background

The first environmental scan of recovery housing in Ohio took place in 2013 and included several recommendations. In the 7 years that followed, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and its partners and collaborators made great progress toward implementing these recommendations and strengthening recovery housing visibility, infrastructure, access, and quality for people in recovery from a substance use disorder. Today, Ohio is a national leader among states that aim to support and expand recovery housing in an ongoing way.

Following the 2013 environmental scan, OhioMHAS identified the need for an organization to develop and support quality recovery housing standards. To address this need, in 2014 OhioMHAS partnered with the Ohio Council of Behavioral Health and Family Services providers to establish Ohio Recovery Housing (ORH). ORH provides technical assistance to recovery housing operators and has developed a centralized, publicly available database of recovery residences across the state. Since its initiation, ORH has created a quality review process and launched an outcomes data tool to help with continuous quality improvement and reporting. Finally, ORH develops best practice guidelines to address emerging and critical issues related to recovery housing.

Since the 2013 environmental scan, ORH achieved these key accomplishments:

- The Ohio Revised Code (Section 340.01 (A)(3)) defined and codified recovery housing.
- Recovery housing is a required component in community planning, as driven by county Alcohol, Drug Addiction, and Mental Health (ADAMH) boards.
- Since 2015, OhioMHAS has distributed \$80 million in funding to support recovery housing and \$1.5 million in additional funding to support technical assistance, training, and collection of outcomes data.
- Efforts by OhioMHAS and its collaborative partners helped to create a common language around recovery housing and a unified message to clarify knowledge gaps and misconceptions.
- In collaboration with several partners including ORH, OhioMHAS fostered a shift in knowledge, culture, and policies related to recovery housing in Ohio. These changes included embedding recovery housing within the substance use treatment and recovery continuum.
- There is increased education, acceptance, and capability for medication-assisted treatment (MAT), driven in part by federal grants that require operators to support residents with opioid use disorder (OUD).

## 2021 Environmental Scan Themes: Findings and Recommendations

Here are brief overviews of the findings from the 2021 environmental scan. For in-depth findings and recommendations, refer to the [full report](#).

### Access and Referrals

As a result of the significant investment and support provided by OhioMHAS in recent years, access to recovery housing has improved since the first environmental scan report in 2013. This improvement is partially related to the increased education and awareness fostered by OhioMHAS and other collaborative partners, including ORH. As more people have become aware of what recovery housing is and is not, its value, and where to find it, more individuals and families have been able to access recovery housing. As is the case across most continuums and systems serving people with substance use disorders, however, gaps remain in the number of beds available for those who need them. This gap is especially the case for populations such as women and families, individuals from communities of color (Lo & Cheng, 2011), LGBTQ+ individuals, and people with certain criminal histories. Currently, it is unknown how many of Ohio's recovery homes prioritize LGBTQ+ individuals or meet a level of cultural competence to serve this population or others who are systematically marginalized. Due to discrimination and racism, people with marginalized identities experience structural barriers throughout behavioral health systems that can compound challenges to accessing community-

based recovery supports. Fragmented referral pathways, including recovery homes that are closely connected to treatment services, may present difficulties to an individual trying to access the right recovery housing and meet their needs (Mericle et al., 2019).

Overall, the affordable housing crisis in Ohio and nationally is exacerbating the challenges to accessing recovery housing. This housing shortage makes it harder for operators to open and sustain homes and for residents to exit recovery housing into independent housing, thus opening a slot for the next person on the waiting list. While ADAMH boards incorporated recovery housing into the full continuum of care, a few ADAMH board staff members commented that ongoing work is needed to address health equity and specific populations' needs, such as LGBTQ+ individuals, youth under the age of 18, women, families, and others. Many ADAMH boards work closely with area agencies across the continuum to ensure treatment providers and recovery residence staff are well-trained, well-informed, and closely connected. As a result of the requirement to have a complete continuum of care, ADAMH boards worked to ensure that each county has at least one recovery house, thereby greatly addressing previous gaps in recovery housing at the county level.

## Equity

In 2019, the Health Policy Institute of Ohio determined that Ohioans who are racial or ethnic minorities, have lower incomes or educational attainment, are sexual or gender minorities, are living with disabilities, or living in rural or Appalachian counties experience poorer health outcomes and face barriers to being healthy (Health Policy Institute of Ohio, 2019). These findings reflect historical and present-day factors that perpetuate structural racism and discrimination. Black and Latinx individuals across the United States face increased barriers to substance use treatment both in general and specifically to quality substance use treatment due in part to lower employment rates (and therefore limited employer-based health insurance coverage) when compared to White individuals.

Research shows that Americans experiencing cultural and language barriers have reduced or completely impeded ability to access substance use treatment compared to White, English-speaking Americans (Lo & Cheng, 2011). For individuals with disabilities and chronic illness, the separation of medical care and behavioral health care, which includes mental and substance use treatment, creates additional challenges to successful holistic care (U.S. Department of Health and Human Services, Office of the Surgeon General, 2016). In addition, for Ohio's LGBTQ+ population, the list of protected classes under Ohio's laws against discrimination does not include sexual or gender identity. Awareness of intersectionality, and how these and other identities and experiences of people interact, is essential to providing supports that are safe, effective, and responsive.

Many stakeholders interviewed as part of the environmental scan acknowledged that being able to connect with peers about a shared experience is a valuable and significant element in recovery housing. In recovery-focused settings, however, the emphasis is typically on recovery, not on the person's other unique characteristics. It's essential that those involved in all aspects of recovery understand that the meaning of the words addiction and recovery may vary depending on cultural backgrounds. As a result, culturally appropriate and responsive services go beyond language needs, and include identifying pathways and disparities reflected the referral process to treatment and recovery services. As Ohio implements equity-centered activities, the state can use best practices that focus communities and marginalized voices on defining barriers and designing equitable solutions.

## Quality and Certification

A primary finding of the 2013 environmental scan report was that Ohio "lacked the infrastructure, resources, and technical assistance to support growth and quality oversight of recovery housing." These deficiencies included a lack of quality standards, centralized listings, public funding, training and technical assistance, and data collection capabilities. As a result of OhioMHAS continued investment, leadership, and support and together with its partners and collaborators, Ohio has since transformed the state's recovery housing landscape. For example, Ohio defined and codified recovery housing and incorporated it as a required element within local continuums of behavioral health treatment and recovery support services. As of July 2021, there were 582 known residences across the state, serving more than 5,488 Ohioans at any one time (Table 1). There is at least one recovery residence in 76 of Ohio's 88 counties.

OhioMHAS established quality housing criteria, which articulate expectations for a range of housing models that may receive funding from OhioMHAS or local behavioral health authorities, or through levy, state, and federal funds. The criteria offer a shared vision for quality, effectiveness, and efficiency across the continuum of housing options for Ohioans. Key tenets focus on safety, affordability, choice, independence, privacy and dignity, community integration, access to services and supports, special accommodations, and trauma-informed and culturally competent environments. The recovery residence criteria focus on Levels I, II, and III and describe key elements such as choice, social model of recovery, resident agreements or leases, quality, length of stay, staffing, and policies related to relapse and medication. Recovery housing operators accessing funds through OhioMHAS or ADAMH boards must adhere to these criteria, which the state intends as the foundational, minimum criteria to be built upon by local authorities and certifying bodies (Ohio Department of Mental Health and Addiction Services Bureau of Recovery Supports and Housing, 2018). Currently, recovery housing operators can seek certification from multiple entities, including Oxford Houses, the Commission on Accreditation of Rehabilitation Facilities, and ORH. Certification helps operators adopt quality standards and conveys an endorsement of quality and confidence for prospective residents and referral resources.

**Table 1:** Certification Status of Known Recovery Residences Across Ohio (as of July 2021)

Resource	Total	Certified	Active applicant	Not certified
Residences	582	268	73	314
Beds (if known)	5,488	2,306	539	3,182

As of August 2021, ORH had certified 268 recovery housing properties statewide with the ability to serve more than 2,300 Ohioans. Several quality reviews of homes (shown in Table 1 in the active applicants' column) were pending due to a COVID-19-related backlog. Most respondents acknowledged OhioMHAS and ORH efforts such as these, which have significantly grown Ohio's infrastructure and improved quality. Operators appreciate the clarity and consistency resulting from these quality reviews. As the statewide recovery housing infrastructure and voluntary certification process continues to grow, Ohio can also be a leader in examining how well the current quality standards meet the needs of all residents, including those from systematically marginalized communities such as Black, Latinx, Indigenous, and other non-White individuals (Lo & Cheng, 2011); individuals identifying as LGBTQ+; and people exiting the criminal justice system. This work also includes efforts to strengthen how operators understand who they serve from their communities, how well they serve their residents, and who they may be serving inadequately. As acceptance and integration of MAT grow, it will be critical to equip operators in building a culture and setting policies that fully support all recovery pathways.

## Recovery Supports

As people initiate their recovery, it is critical that they have access to safe and dignified housing, peer support, adequate health care, employment, and educational opportunities. Each of these domains is the foundation for an individual's *recovery capital*: the quantity and quality of internal and external resources that help begin and sustain recovery from addiction (Granfield & Cloud, 1999; 2001). Across the continuum of treatment and recovery supports, the availability, accessibility, and quality of recovery supports varies.

Early recovery is often fraught with difficult realizations and situations (for example, facing the consequences of the past, a lack of resources, limited housing options, physical and mental health concerns, or deteriorated social and family ties). People in early recovery may feel tested when trying to acquire skills to cope with stress in healthy and adaptive ways (Laudet & White, 2008). Having access to a wide range of recovery support services throughout the community—including recovery housing, recovery community organizations (RCOs), and diverse recovery support resources—buffers against these challenges. Many communities strive to have a comprehensive continuum of recovery support options by adopting a recovery-oriented system of care model.

Ideally, residents can access many different recovery supports within or through a recovery home. Many operators recognize that residents may pursue multiple pathways of recovery and seek ways to connect residents to different services and supports. Connecting with RCOs and other community resources is a helpful way to enhance offerings. Among recovery housing considered high quality, recovery support offerings (such as recovery coaching, peer support, mutual aid meetings, education and employment supports, and essential life skills) tend to be more robust and reflect its residents' diverse needs.

## Medication-Assisted Treatment

The availability of MAT varies widely across the State of Ohio. As of 2018, almost 90 percent of Ohio's 88 counties had access to MAT. Currently, at least 62 certified recovery homes throughout Ohio accept residents receiving MAT, although the types of medications used in MAT vary. For example, Highland County reported buprenorphine as the only treatment option available by providers within the county. Across Ohio, 50 counties had providers who offered buprenorphine and vivitrol; 16 counties had access to buprenorphine, methadone, and vivitrol; and 12 counties had access to vivitrol only. Nine Ohio counties did not have any MAT providers, although three (Adams, Fulton, Henry) of those nine counties did have recovery housing. This lack of providers means that residents must travel out of county to access MAT (Ohio Department of Health, n.d.).

Thanks to guidance published by recovery housing organizations like ORH and the National Alliance of Recovery Residences (NARR), as well as departments within Ohio's state health systems, recovery housing operators now have access to policy papers, technical assistance, implementation guides, and other tools to support MAT's adoption. The availability of these resources represents a significant shift in recent years as individuals in recovery and other recovery stakeholders began to embrace MAT as one of many viable pathways to recovery.

Since the initial environmental scan in 2013, the federal funding aimed at addressing OUD helped to transform the recovery housing landscape in Ohio. The funding enhanced the ability for operators and owners to open and sustain recovery housing, and to improve practices related to integrating MAT support for residents. Additionally, as researchers collect and report more data on MAT usage and its effect on recovery outcomes, acceptance of MAT continues to grow among residents and stakeholders. More work is needed as access and acceptance of MAT remains a challenge among several operators, particularly in rural areas of Ohio.

## COVID-19 Pandemic

Like most communities across the United States, the spread of the novel coronavirus had a significant impact throughout Ohio. Its rapid spread, along with an initial lack of knowledge and best practices, created difficulties for recovery residence operators, staff, and residents alike. Some residents opted out of living in congregate settings to protect themselves and others, and many residents were unable to work. Operators found themselves needing to adapt safety policies and procedures while facing increasing costs and reduced revenue. Among Ohio communities more broadly, initial data from 2020 indicate that the onset of the COVID-19 pandemic may have accelerated overdose deaths (Cauchon, 2020).

ORH distributed two member surveys in 2020 requesting information on the pandemic's effect on recovery housing operators. Commonly reported problems included decreased revenue, decreased capacity, increased needs of residents, unforeseen expenses, and reduced employment and income for residents. In the early months of the pandemic, the necessary quarantine guidelines resulted in a sense of isolation, employment barriers, and a move to providing virtual services and supports. More recently, there has been a slow progression toward re-engaging with support networks, meetings and services, employment and education, and other community settings.

Survey respondents indicated that the emergency funding provided by OhioMHAS was critical to sustaining recovery housing as a safe, essential recovery support and limiting potential relapses and overdoses during the pandemic. While capacity in recovery homes typically decreased because of COVID-19, the demand for recovery housing remained strong, with almost half of survey respondents indicating that demand remained steady or increased during this time.



## Recovery Housing Policy

While the State of Ohio does not certify or license recovery residences, many state policies and guidelines shape the formation and operation of recovery housing. For example, the Ohio Revised Code (Ohio Legislative Service Commission, 2017) defined recovery housing, and OhioMHAS established criteria to encourage consistency, quality, and effective service delivery among recovery housing and other housing operators (see the Quality and Certification section). There is no consistent approach, however, to applying and enforcing these criteria.

OhioMHAS encourages certification and certified homes may receive preferential treatment for funding that flows through county ADAMH boards. Ohio developed the Ohio Recovery Residence certification process with NARR's assistance, creating protocols for recovery housing standards and practices in Ohio (Ohio Recovery Housing, n.d.). Currently, interested recovery housing operators may seek certification for Level I, II, and III homes through ORH. The state considers Level IV homes residential treatment, which must seek state licensure. Operators of recovery housing must follow laws pertaining to Ohio Landlord Tenant Law and Federal Fair Housing Law (Ohio Recovery Housing, n.d.; OhioMHAS, 2018) For ORH-certified residences, ORH maintains a concern review process for residents or neighbors related to the quality standards, although ORH has no legal enforcement ability.

Operators of recovery housing must also follow all local zoning, building, and municipal codes in their communities. Operators should contact their local government to learn more about these laws, but a few examples of these policies include Legally Enforceable Lease or Resident Agreement, Code and Licensing Enforcement, and Ohio Building Codes. These policies also vary in how consistently governments enforce codes at the local level.

More work is needed to ensure that all people who seek recovery housing have access to quality, certified homes. Inconsistent referral pathways have the potential to result in referrals to non-certified or low-quality homes. For those who have experienced past interactions with the criminal justice system, accessing quality recovery housing can be particularly challenging. When recovery housing operators opt to limit who can reside in a home based on criminal justice involvement, this can lead to overly restrictive barriers to entry that often have the greatest impact on people of color. Once in a recovery house, ensuring resident accountability can sometimes create tension with housing rights. Therefore, operators should ensure that the type of lease they use does not limit their ability to protect the integrity of recovery support services.

## Ohio Recovery Housing Outcomes Tool

The ORH outcomes tool is available to any Ohio operator that would like to use it, regardless of their certification status. ORH promotes its outcomes tool to interested operators as being value-added, and OhioMHAS requires the tool's use by residences receiving funding. As of August 2021, 91 organizations were using the outcomes tool; 79 of these were organizations with ORH-certified recovery residences. ORH offers training monthly on these topics:

- overview of the survey
- data collection process
- introduction to the dashboard

Additionally, ORH offers in-depth training on how to read, interpret, and use dashboard-provided data. The training is available to those in charge of reviewing the outcomes tool data at each recovery residence. Over recent years, ORH has seen interest from other states seeking access to and technical assistance with Ohio's outcomes tool for their own recovery residences. Currently, Indiana and West Virginia use this outcomes tool, providing potential for researchers to access data that cover multiple states. Operators expressed gratitude to ORH for providing training and administrative support, however, there is little consistency in how operators use the available dashboard data. Operators could greatly benefit from additional training and guidelines targeting those with little data analysis experience. For example, training could feature an overview of dashboard data and provide examples of how to meaningfully integrate the data into fundraising appeals, grant applications, promotional brochures, and other collateral materials.

## Looking Ahead

In a relatively short time, OhioMHAS and its partners and collaborators have made significant progress to increase recovery housing access and quality. Ohio is poised to continue growing the recovery housing community and promoting quality, certification, and equitable access statewide.

Ohio is also prepared to confront the challenges ahead as local and national contexts evolve. Locally and nationally, the evolution and impact of the COVID-19 pandemic is unknown, although it will likely continue to affect government budgets, nonprofit and small business finances, and service providers' operations. Additionally, among people with substance use disorders, communities of color are often the most marginalized. Ohio is undertaking efforts to address inequities in access to care, especially among populations marginalized by racism. Efforts to build equity and develop culturally responsive recovery housing will also help address gaps in access for other marginalized groups, such as women and families, transition-age youth and young adults, people who identify as LGBTQ+, and individuals with criminal justice involvement.

The State of Ohio will work with the recovery housing community to support funding diversification with the goal of enabling long-term sustainability. Building on initiatives taking place across the behavioral health system, Ohio is prepared to further public education, reduce stigma, and strengthen referral and entry pathways to quality recovery housing.

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